

Your Insurance Guide to Learning your Out-of-Pocket Costs

We want to assist you in making the best decisions possible regarding your health care. For many, this means understanding your insurance coverage and financial liability. Unfortunately, it's no longer as simple as verifying if we are an "in network" provider--- it's a whole lot more complicated than that.

We have put together this conversation guide to help you get answers about how much your care may cost you if we are billing your insurer. For comparison, we also have attached a fee schedule for persons who prefer to pay out-of-pocket, and not submit to insurance. And to be sure, you can always pay for your care here with HSA or Flex Spending account dollars whether you are going through an insurer or paying on your own, out-of-pocket.

Questions to Guide the Conversation with Your Insurer:

- When is my policy active date? What is the date for policy renewal?
- Do I have a deductible due before coverage kicks-in?
 - If so, what amount have I met to date?
 - Is it a family deductible or an individual?
- Do I owe a co-pay at the time of service?
 - If so, is there one standard fee or is chiropractic considered a specialty with a higher fee?
- Do I owe a co-insurance fee after the insurer has made payment?
 - If so, what percentage of the visit's allowable rate do I pay out-of-pocket?
- Do I have a limit on my policy in visits or coverage paid per year?
 - If so, how many visits or what amount of \$ have I already used up? (If you've had care in another clinic this year)
- Do you cover acute conditions and active treatments only? (i.e. those deemed "medically necessary"). Do you cover maintenance adjustments for chronic conditions and/or wellness adjustments?
- Do you cover adjustments of the spine only, or do you allow extremities too?
- Do you cover physiotherapies in addition to adjustments?
- Do you cover more than one physiotherapy on any date of service?
- Do you cover more than one 15 minute unit of physiotherapy on any date of service?

Diagnosis and Procedure Billing Codes: Your insurer may want to know these codes when verifying your coverage. You can our most commonly used ICD- 10 Diagnosis Codes and Chiropractic Procedure Codes attached for your convenience.

Commonly used ICD-10 Diagnosis Codes

- **M99.01** *Cervical Segmental Dysfunction*
- **M99.02** *Thoracic Segmental Dysfunction*
- **M99.03** *Lumbar Segmental Dysfunction*
- **M99.04** *Sacral Segmental Dysfunction*
- **M99.05** *Pelvic Segmental Dysfunction*
- **M54.16** *Lumbar Radiculopathy*
- **M54.12** *Cervical Radiculopathy*
- **M62.830** *Muscle Spasms*
- **G44.211** *Tension Headache*
- **G43.001** *Common Migraine*

Commonly used Chiropractic Procedure Codes

- **99202** *New patient exam*
- **98940** *Chiropractic spinal adjustment to 1-2 regions*
- **98941** *Chiropractic spinal adjustment to 3-4 regions*
- **98943 & 98943.51** *Chiropractic adjustment to extremities*
- **97014 & G0283** *Electrical Stimulation*
- **97035** *Ultrasound*
- **97140.59** *Manual Tissue Therapy*
- **97810** *Acupuncture*

